

Exhibit A

EXHIBIT A
PROPOSED NOTICE AND CLAIM FORM

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

Securities and Exchange Commission v. Stefan Qin, Virgil Technologies LLC, Montgomery Technologies LLC, Virgil Quantitative Research, LLC, Virgil Capital LLC, and VQR Partners LLC, Civil Action No. 20-cv-10849 (LGS)

NOTICE OF CLAIMS PROCESS AND CLAIMS BAR DATE

THIS NOTICE MAY AFFECT YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY. AMONG OTHER THINGS, FAILURE TO TIMELY SUBMIT A CLAIM PURSUANT TO THE DIRECTIONS BELOW MAY RESULT IN YOUR CLAIM BEING BARRED FROM A DISTRIBUTION.

TO ALL INVESTORS AND CREDITORS:

On January 21, 2021, the United States District Court for the Southern District of New York (the “Court”) entered a Receivership Order appointing Robert Musiala, Jr. to serve as Receiver for Virgil Technologies LLC, Montgomery Technologies LLC, Virgil Quantitative Research, LLC (fka Decibel18 LLC), Virgil Capital LLC, VQR Partners LLC, the assets of Virgil Sigma Fund LP and VQR Multistrategy Fund LP, and all other Recoverable Assets¹ (collectively, the “Receivership Estate”). On [INSERT ORDER DATE] (the “Order Date”), the Court entered an order in the above-captioned case (the “Bar Date Order”) establishing **[INSERT BAR DATE]** **as the deadline (the “Bar Date”)** for all investors in, creditors of, or interest holders of, any of the Receivership Estate entities to file Claim Forms. Copies of the Claim Form, Bar Date Order, and other information regarding this case are available on the Receivership Estate’s website at www.bakerlaw.com/qin-receivership.

You are receiving this Notice because our records indicate you *may* hold a claim against the Receivership Estate. Receiving this Notice does not mean that you hold a claim or that your claim will be eligible for a distribution from the Receivership Estate.

HOW DO I SUBMIT A PROOF OF CLAIM OR PROOF OF INTEREST?

Information on how to submit a claim can be found on the Receiver’s website, www.bakerlaw.com/qin-receivership, where you will find detailed instructions on how to submit a proof of claim or proof of interest through the secure online claims portal.

¹ Recoverable Assets is defined in the Order Appointing Receiver, *United States Securities and Exchange Commission vs. Stefan Qin, et al.*, No. 20-cv-10849 (LGS) (S.D.N.Y. Jan. 21, 2021), ECF No. 31 (hereinafter “Receiver Order”), available here: <https://www.bakerlaw.com/webfiles/Privacy/SEC-v-Qin-et-al-Receivership/032-Order-Appointing-Receiver-4820-4533-4490-v-1.pdf>.

DEADLINES FOR SUBMITTING PROOFS OF CLAIM AND PROOFS OF INTEREST

NOTICE IS HEREBY GIVEN that all potential claimants and interest holders seeking a recovery from the Receivership Estate should file their claim(s) with the Receiver so that such claims are submitted via the Receiver's secure online claims portal (www.bakerlaw.com/qin-receivership) by **11:59 p.m. (prevailing Eastern Time) on [INSERT BAR DATE]**.

Individuals or entities that are not able to access the secure online claims portal should submit a written request to the Receiver no later than [INSERT DATE] [60 days following approval of Bar Date Motion] by electronic mail at qin-receivership@bakerlaw.com or by U.S. First Class mail (or equivalent common carrier) to the following address: Qin et al. Receivership, c/o BAKER & HOSTETLER LLP and Robert Musiala, Jr., 45 Rockefeller Plaza New York, NY 10111-0100 stating that they are unable to access the secure online claims portal and prefer to submit their claim by U.S. First Class mail (or equivalent common carrier). **Any claim submitted by U.S. First Class mail (or equivalent common carrier) must be postmarked on or before the Bar Date in order to be timely.**

ALL CLAIMS OF CLAIMANTS AGAINST ASSETS IN THE RECEIVERSHIP ESTATE, OR PROOFS OF INTEREST WITH RESPECT TO ANY OF THE ENTITIES OF THE RECEIVERSHIP ESTATE, SUBMITTED THROUGH THE SECURE ONLINE PORTAL MUST BE RECEIVED BY THE RECEIVER BY THE BAR DATE, AND ALL CLAIMS SUBMITTED BY U.S. FIRST CLASS MAIL (OR EQUIVALENT COMMON CARRIER), MUST BE POSTMARKED BY THE BAR DATE. CLAIMS SUBMITTED ELECTRONICALLY OR POSTMARKED AFTER THE BAR DATE WILL NOT BE TIMELY AND MAY NOT BE CONSIDERED BY THE RECEIVER IN HIS DISCRETION.

Qin Receivership Claim Form

SEC v. Stefan Qin et al., No. 20-cv-10849 (LGS) (S.D.N.Y.)

Instructions

1. You may be eligible to submit a Claim if you believe you are a creditor or an interest holder of Virgil Technologies LLC, Montgomery Technologies LLC, Virgil Quantitative Research, LLC (fka Decibel18 LLC), Virgil Capital LLC, VQR Partners LLC or the assets of Virgil Sigma Fund LP (the “Sigma Fund”) or VQR Multistrategy Fund LP (the “VQR Fund”) (collectively, “Receivership Entities,” and, together with all other Recoverable Assets,¹ the “Receivership Estate”). To be eligible to receive a potential distribution from the Receivership Estate, you must timely provide the information required by this proof of claim and proof of interest form (the “Claim Form”). If you fail to submit a Claim Form on or before the Bar Date (as defined below) or fail to provide necessary documentation in support of your claim, your claim may be rejected, and you may be precluded from any recovery from the Receivership Estate.
2. **Filing Deadline:** Claim Forms must be submitted via the Receiver’s secure online claims portal (the “Claims Portal”) (available at <https://www.bakerlaw.com/qin-receivership>) by **11:59 p.m. (prevailing Eastern Time) on [INSERT BAR DATE] (“Bar Date”)**. Claimants who are permitted by the Receiver to submit a Claim Form by U.S. First Class mail (or equivalent common carrier) must have their Claim Form postmarked on or before the Bar Date.
3. Submission of this Claim Form does not guarantee that your proof of claim or proof of interest will be allowed, that you will receive a share of the recovered assets of the Receivership Estate, or that you will be fully compensated for your loss.
4. **How to Submit a Claim Form:** In order to submit a Claim Form, you must first register for a Claims Portal account. To register, navigate to <https://www.bakerlaw.com/qin-receivership>, click ‘SUBMIT A CLAIM’, then click ‘Register’ and enter your name, email address, and set a password. You will receive an automated notification asking you to confirm your email address. If the automated notification is not promptly received, please check your spam/junk folders. Once your email address is confirmed, you may log in to the Claims Portal and start your claim.
5. **Please fill out this Claim Form completely.** Please submit only one Claim Form per claimant (whether filing as an individual or on behalf of an entity). The Claim Form will allow a claimant to assert multiple claim types (e.g., employment, vendor, investor) against the Receivership Estate.
6. You should submit all documents necessary to support your claim at the time you submit your Claim Form. Types of documents that you may submit include, but are not limited to, executed investor agreements, subscription agreements, bank statements, wire details, contribution/withdrawal confirmation documentation, contracts, employment agreements, invoices, correspondence or any other documents or information you believe support your claim. Providing proper documentation can speed the review, allowance, and satisfaction of your potential claim. Claimants who are permitted by the Receiver to submit a Claim Form by U.S. First Class mail (or equivalent common carrier) should not attach original versions of documents, as the Receiver will not return any documents.
7. Individuals who are submitting a claim on behalf of another individual or entity must both, (a) certify

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on the Claim Form and (b) provide supporting documentation, evidencing their capacity and authority to act on behalf of the individual/entity.

8. For Claim Forms submitted via the Claims Portal, the Receiver will acknowledge the receipt of the submission of your Claim Form by email. For those claimants who are permitted by the Receiver to submit a claim by U.S. First Class mail (or equivalent common carrier), upon written request, the Receiver will use best efforts to acknowledge receipt of your claim.
9. Following review and analysis of the received Claim Form and supporting documentation, the Receiver intends to send claim determinations to the contact information provided by the claimant. Additional information about the claim determination process and associated timelines will be forthcoming and will be posted to <https://www.bakerlaw.com/qin-receivership>. The Receiver intends to file a motion establishing claims resolution procedures in the future.
10. In addition, general updates regarding the Receivership will be posted to the Receiver's website: <https://www.bakerlaw.com/qin-receivership>.
11. Questions regarding the claims process and technical support requests regarding the Claims Portal may be sent to support@qinreceivershipclaims.com.
12. All other inquiries regarding the Receivership may be sent to qin-receivership@bakerlaw.com.
13. If the contact information submitted with your Claim Form changes, you are responsible for updating the Receiver with your new contact information so that you will continue to receive communications regarding your claim.

Claim Form*** Required Field****Section 1: Claimant Information**

It is important that the Receiver has accurate contact information for you on file, so that payments may be issued to the correct legal name, documents may be directed to the correct email or mailing address, and you may be promptly contacted by phone or email if necessary.

1. Claimant* (*select one*):Individual ☐Entity ☐Government ☐

2. Claimant Information:

Attach a copy of valid government-issued identification

1. Last Name*	2. First Name*	3. Middle Name
4. Entity Name* (<i>if applicable</i>)		
5. Identification Number* <i>(select applicable identification number)</i> <u>Social Security Number</u> <input type="checkbox"/> <u>Taxpayer ID</u> <input type="checkbox"/> <u>Government Issued I.D. Number</u> <input type="checkbox"/> <i>(non-U.S. claimants only)</i> Identification Number: _____		
6. Mailing Address*		

7. City*	8. State	9. Zip/Postal Code	10. Country*
11. Phone Number*		12. Email Address*	
13. Primary Point of Contact (<i>if different than Claimant</i>) a. First Name: b. Last Name: c. Phone Number: d. Email:			

Section 2: Claim Details

Documentation in adequate detail must be attached to support each claim of funds owed.

1. Are you a **former employee** of a Receivership Entity and believe you are owed funds related to your employment? *

Yes ☐ No ☐

- a. If yes, provide:

- i. The title of your position _____
 ii. Dates of your employment _____
 iii. The total U.S. dollar amount you believe you are owed through your employment with a Receivership Entity:

USD: _____

Documentation in adequate detail must be attached to support claims of funds owed in relation to employment. Such documents may include employment agreements or contracts or other documents describing your duties, responsibilities and compensation.

- iv. Optional Comment:

2. Are you a **vendor** owed money for goods and/or services sold to a Receivership Entity? *

Yes ☐ No ☐

- a. If yes, provide the total U.S. dollar amount you believe you are owed as a

vendor for goods and/or services sold to a Receivership Entity.

USD: _____

Documentation in adequate detail must be attached to support claims of funds owed in relation to goods sold or services performed. This may include any service contracts, bills of sale, invoices or other such documents reflecting the goods or services provided and the amounts owed thereon.

b. Optional Comment:

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3. Are you an **investor** in the **Sigma Fund**? *

Yes ☐ No ☐

a. If yes, provide the total U.S. dollar amount you believe you are owed in relation to your investment in the **Sigma Fund**.

USD: _____

b. Add a record for each contribution transaction made to the **Sigma Fund**.

Attach documentation to support each contribution transaction.

	Date (MMDDYYYY)	Amount	Currency	Comment (optional)
1				
2				
3				
4				
5				

c. Did you receive a withdrawal, redemption, rebate, commission, or any other transfer of value from the **Sigma Fund**?

Yes ☐ No ☐

i. If Yes, add a record for each withdrawal, redemption, rebate, commission, or any other transfer of value from the **Sigma Fund**.

Attach documentation to support each withdrawal, redemption, rebate, commission, or any other transfer of value transaction.

	Date (MMDDYYYY)	Amount	Currency	Comment (optional)
1				
2				
3				
4				
5				

4. Are you an investor in the **VQR Fund**? *

Yes ☐ No ☐

- a. If yes, provide the total U.S. dollar amount you believe you are owed in relation to your investment in the **VQR Fund**.

USD: _____

- b. Add a record for each contribution transaction made to the **VQR Fund**.

Information regarding each contribution should be supported through documentation.

	Date (MMDDYYYY)	Amount	Currency	Comment (optional)
1				
2				
3				
4				
5				

- a. Did you receive a withdrawal, redemption, rebate, commission, or any other transfer of value from the **VQR Fund**?

Yes ☐ No ☐

- i. If Yes, add a record for each withdrawal, redemption, rebate, commission, or any other transfer of value from the **VQR Fund**.

Attach documentation to support each withdrawal, redemption, rebate, commission, or any other transfer of value transaction.

	Date (MMDDYYYY)	Amount	Currency	Comment (optional)
1				
2				
3				
4				
5				

5. Do you believe you are owed money by the Receivership Estate in relation to an equity interest you hold in one or more Receivership Entities? *

Yes ☐ No ☐

- a. If yes, select the Receivership Entity(s) in which you hold an equity interest.

Virgil Technologies LLC ☐

Montgomery Technologies LLC ☐

Virgil Quantitative Research, LLC ☐

Virgil Capital LLC ☐

VQR Partners LLC ☐

- b. Provide the U.S. dollar amount(s) and date(s) you invested in relation to the equity interest you hold in one or more Receivership Entities.

USD: _____

Documentation in adequate detail must be attached to support claims of funds invested in relation to equity interest(s) in Receivership Entities.

- c. Optional Comment:

6. Do you believe you are owed money by a Receivership Entity for reasons **OTHER THAN** employment, goods/services sold as a vendor, investments, or equity interest? *

Yes ☐ No ☐

- a. If Yes, Provide the total U.S. dollar amount you believe you are owed for reasons OTHER THAN employment, goods/services sold as a vendor, or investments in a Receivership Entity.

USD: _____

Documentation in adequate detail must be attached to support claims of funds owed.

- b. Describe the nature and basis of the amount you believe you are owed for reasons OTHER THAN employment, goods/services provided as a vendor, investments, or Proofs of Interest in a Receivership Entity:

7. If there is any additional information you would like the Receiver to consider in connection with your claim please include it below. *

Section 3: Representation Information

1. Are you acting as a representative of the claimant? *

Yes ☐ No ☐

- a. If Yes, in what capacity are you a representative of the claimant?

Attorney ☐

Executor ☐

Officer/Director ☐

Other ☐

(describe below)

- b. If Yes, I certify under penalty of perjury that I am authorized to act on behalf of the claimant named herein.

Print Name:

Signature:

Date:

In addition to certifying that you are authorized to act on behalf of the individual/entity you claim to represent, please provide documentation supporting your capacity as a legal agent/representative.

Section 4: Certification

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.

By signing this form, the claimant certifies that the information submitted is true and correct to the best of her or his knowledge and belief.

Print Name*

Signature*

Date*

Section 5: Acknowledgement of Claimant

By submitting this Claim Form, the claimant acknowledges and agrees that they submit to the exclusive jurisdiction of the United States District Court for the Southern District of New York (the "Court") for all purposes associated with the determination and administration of this Claim Form and any proof(s) of claim or proof(s) of interest. The claimant agrees to waive a trial by jury, to the extent such a right exists, and agrees to the Court's summary disposition of the determination of the validity or the amount of the of the claim(s) or interest(s) asserted in this Claim Form. The claimant further consents to the Receiver and his agents' use of any information provided in this Claim Form, including but not limited to, Social Security Number or Taxpayer ID, mailing address, email, and phone number to verify and process the claim, and

understands that the information provided will be processed in the United States, protected by appropriate safeguards, stored for as long as is required to complete the claim verification process and during the pendency of any related judicial proceedings, and shared with agents of the Receiver for purposes of verifying and responding to the claim.

Residents of the European Economic Area (“EEA”): The claimant further understands that he or she may withdraw his or her consent at any time, unless there are other legal grounds for processing his or her personal data. Revocation, however, will not affect any personal data that the Receiver and its agents have already processed and transferred with the claimant’s consent. Claimant may exercise certain rights that may be afforded to them under applicable data protection law, including to access, rectify, erase or restrict, or object to, the processing of personal data or make use of the right to data portability by contacting the Receiver at qin-receivership@bakerlaw.com. Claimant also can lodge a complaint with the supervisory authority in his or her country of residence at any time.

Print Name*

Signature*

Date*